

**MAIL OR FAX TO:**

State of New Mexico Environment Department
Occupational Health & Safety Bureau
P.O. Box 5469 Santa Fe, NM 87502-5469
525 Camino de los Marquez, Suite 3
Santa Fe, NM 87505
Telephone No.: (505) 476-8700 or 1-877-610-6742
Fax No.: (505) 476-8700



Butch Tongate
Acting Cabinet Secretary

J. C. Borrego
Acting Deputy Secretary

REQUEST FOR CONSULTATION SERVICES FORM

The Consultation Section of New Mexico provides no cost consultation services to New Mexico employers upon request. Consultants assist employers in evaluating safety and health programs. Comprehensive consultations visits evaluate all aspects of an employer's safety and health program and provide guidance on incorporating safety and health management into their daily operations.

Your only obligation is a commitment to correcting serious job safety and health hazards in a timely manner.

Please complete the following to request onsite consultation. This information will assist us in evaluating your request. Please submit the last three years of OSHA 300 and 300A logs, which includes the average number of employees per year, and the number of hours worked each year. Someone from the Consultation Section may contact you if additional information is needed.

PLEASE PRINT OR WRITE LEGIBLY:

EMPLOYER'S INFORMATION:

Corporate Name: _____

Doing Business as (DBA) or Establishment Name: _____

Contact Person: _____ Position / Title: _____

Telephone Number: _____ Fax Number: _____

Cell Phone: _____ E-mail Address: _____

Site Address: _____ City _____ State _____ Zip Code _____

Business Address: _____ City _____ State _____ Zip Code _____

Mailing Address (if different from site or physical address):

_____ City _____ State _____ Zip Code _____

Nature of Business / Brief Description of Business: _____

Number of Employees: _____ Type of Employer: ☐ Private Site ☐ Public Site

FOR APPROVAL BY A COMPANY OFFICER OR SUPERVISOR (MUST BE SIGNED):

Establishment Officer's Signature: _____ Date: _____

Print Name of Officer: _____ Position / Title: _____

FOR OHSB USE:

SIC: _____ NAICS: _____ RID # _____ CORPORATION _____ LLC _____

Type of Service: ☐ HEALTH FULL ☐ SAFETY FULL ☐ BOTH FULL ☐ HEALTH LIMITED ☐ SAFETY LIMITED ☐ BOTH LIMITED

Consultant assigned: _____

Program Manager's signature: _____ Date: _____